



## Health and Care Bill | RCP briefing for second reading, 14 July 2021

The Royal College of Physicians (RCP) welcomes that the Health and Care Bill has been published before the summer recess. It will reassure all parts of the health and care system that their efforts to better integrate services can proceed as planned. But while we support the direction of travel to put Integrated Care Systems (ICSs) on a statutory footing to help enable better integration, government must go further to ensure the bill delivers on its promise for better joined up care.

The bill is a vital opportunity to establish greater accountability and transparency on the number and type of health and care workers we need to meet patient demand now and in future. Following the success of the COVID-19 vaccine, it is also an opportunity to prioritise clinical research and cement the UK's place as a global leader in that space.

Government must:

- **Commit to including provisions for regular, independent assessments of future health and care workforce needs to be published.**
- **Mandate that ICSs ensure that NHS organisations for which they are responsible conduct and resource clinical research.**

Legislation alone will not improve the health of the nation and improve services, which is why the government must also

- develop a cross government strategy to reduce health inequalities
- urgently bring forward its plans for reforming social care
- commit to increased public health funding.

### Report on assessment and meeting workforce needs

The bill sets out a new duty for the secretary of state to publish a report once a parliament 'describing the system in place for assessing and meeting the workforce needs of the health service in England'. While this new duty will bring additional clarity on the process of workforce planning, it falls short of what is needed.

The past year has very clearly demonstrated that our health and care system has little capacity to deal with emergencies while still delivering routine care. Workforce is one of the biggest limiting factors for NHS performance – a lack of staff is a key cause of burnout among healthcare workers, and is why the Nightingale hospitals were not used. The bill is a vital opportunity to establish greater accountability and transparency on workforce planning to ensure we can meet patient demand now and in future. **Even before the pandemic 43% of advertised consultant posts in England and Wales went unfilled due to lack of suitable applicants ([2019 RCP census](#)).**

The current system of planning is not working, which is why the RCP and other key organisations - including the Academy of Medical Royal Colleges, the BMA, RCN, NHS Confederation and NHS Providers - have been calling for a duty to ensure regular, independent assessments of future staffing needs are published. The King's Fund, Health

Foundation and the Nuffield Trust have [also jointly called](#) for the Bill to deliver independently verified projections of future workforce need.

The [Health and Social Care Select Committee recommended](#) that the Bill should include provisions for Health Education England (HEE) to undertake independent reports ‘on workforce shortages and future staffing requirements that cover the next five, ten and twenty years including an assessment of whether sufficient numbers are being trained’.

We need to act now to prepare for the challenges that we know are coming. The ONS estimates that by 2040 the cohort of people aged 65 and above potentially requiring geriatric care will make up 24% of the UK population. [New data published last week by the RCP](#) showed that **more than a quarter of senior consultant physicians expect to retire within 3 years, while the majority (56%) of medical trainees entering the NHS are interested in working part-time.**

A fifth of doctors already work part-time, and it is expected that this trend will continue to grow as expectations around work/life balance change. This has significant implications for workforce planning, and requires mapping out the full-time equivalent (FTE) staffing levels required to understand the sustainability of the NHS workforce over the next 10 to 20 years.

Whether the work is done by HEE or another designated body, the government must **commit to provisions for regular, independent assessments of future health and care workforce needs to be published**. They should inform local and regional training and recruitment needs. **Assessments should be laid before Parliament to enable debate about and scrutiny of the necessary policy and funding decisions.** Assessments should underpin a long-term workforce implementation strategy that also sets out how we can improve recruitment and retention.

Only describing the system in place for assessing and meeting workforce needs – as the bill currently does – means we still will not know whether we are training enough people now to deliver health and care services in future. We will know who is accountable, but not what they are accountable for. Any other organisation would make regular assessments of how many staff it has and how many more it needs. The government must do the same for our health and social care system if we want to keep providing the care that patients need and expect.

## Research

The RCP, alongside the ABPI, Cancer Research UK, Association of Medical Research Charities and others, are calling for the **bill to mandate that ICSs ensure that NHS organisations for which they are responsible conduct and resource clinical research.**

Currently, research is not mandatory, and is therefore often seen as an optional extra, rather than a key part of routine patient care. The success of the COVID-19 vaccine trials shows what can be achieved when research is prioritised. Research benefits patients, improves outcomes and reduces mortality rates. Research also benefits clinicians and the NHS: 67% of doctors [surveyed](#) by the RCP said dedicated time for research would make them more likely to apply for a role. CQC analysis shows that NHS staff working on sites with higher clinical research activity levels are [more likely](#) to recommend their own organisation.

## Health inequalities

The RCP believes the provisions in the bill for ICSs to “have regard to the need to reduce inequalities” in access and outcomes will lead to action by ICSs to reduce inequalities in access and outcomes. Yet despite the NHS Act 2006 mandating the secretary of state to “have regard to the need to reduce inequalities”, the least deprived people can expect to live in good health for two decades more than the most deprived.

More must be done beyond legislation to reduce health inequalities - access to services and outcomes once someone has become ill are a small part of the picture. Our health is a product of our environment, **which is why we have been calling for a cross-government strategy to reduce health inequality**, led by the prime minister, that addresses the causes of ill health: employment and unemployment, low pay, poor housing, inadequate education, air pollution, unhealthy food, smoking, alcohol, homelessness and more.

## Social care reform

Patients, and professionals working in the health and care sector, have waited for promised proposals for too long already. The Prime Minister must deliver on the promise he made in July 2019 to fix the social care crisis.

A properly resourced social care sector would ease pressure on hospitals by reducing the number of people who need to be in hospital and reducing the length of hospital stays. The success of the integrated vision set out in the Health and Care Bill and the Long Term Plan rests on social care being an equal partner to the NHS. We need a sustainable funding settlement for social care so patients receive the high standard, joined up care they deserve.

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